SUBMATE COMPLETED APPLICATION, TAX STATEMENT ND F TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

#### **APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN**



Permit #: Date: Amount Paid: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Bayfield Co. Zoning Dept

Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION <u>UNTIL ALL PERMITS HAVE BEEN ISSUED</u> TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT	REQUES	TED-	-0	LAND USE	SANITAR	RY   PRIVY		CONDITI	ONA	L USE	☐ SPECIA	L USE	☐ B.O.A. [	OTHE	R
Owner's Name:	-					Address:				y/State/	22-9 RES 3 87 DL			Teleph	
Holly FAI	nily	IRRE	VOCAR	LE TRUST	4205	O CABLES	uns	ET PAL	CX	ABLE	اص,	54	1821		
Holly FAI	o Ca	hle s	unsa	1 RD	Cit	ty/State/Zip:								Cell Ph	one:
Contractor:			HUMBER		Contract	tor Phone:		Plumber						Plumbe	er Phone:
Authorized Agent:	(Person Sig	ning Applic	cation on beha	If of Owner(s))	Agent Phone: Agent Mailing Address						(include City/State/Zip): Writte			Writte	1
											Author			ization	
Louis J. Ho	11.	DAND	KH L.	רו מא	715-730-0192 42050 CABLE Sui CABLE, WI						JUNSE				
PROJECT					Та	x ID#			-05			Recorded Document: (Showi			□ No
LOCATION	Legal	Descrip	ax Statement)		9621	ĺ					20	56/			
<i>*</i> • • • • • • • • • • • • • • • • • • •	20.1		Gov't Lot	Lot(s)	CSM V		SM D	oc#	Lot	c) #	Dlask #		**	-/	
<u>5W</u> 1/4, <u>S</u>	·W	1/4	GOVIEDE	Louisy	CSIVI	of & Page C	ים ואוכ.	oc #	Lot(	s) #	Block #	Subdiv	/ision:		
Section 23	3 Tow	nshin 4	12 N N E	Range <u>68</u> V	M	Town of:	1					Lot Siz	e	Acre	age_
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	☐ Is I	Property	/Land withi	n 300 feet of Riv	er, Stream	1 (incl. Intermittent	t) [	Distance S	tructi	ure is fro	om Shorelii	ne:	Is your Prope	rty	
□ Chl	Cree			of Floodplain?		continue —						feet	in Floodplai		Are Wetlands Present?
☐ Shoreland —	📗 🗆 Is I	roperty	/Land withi	n 1000 feet of La	ke, Pond	or Flowage		Distance S	tructi	ure is fro	om Shorelii	ne :	Zone?		☐ Yes
	179				If yes-	continue —						feet	☐ Yes S(No		XNo
Non-Shoreland													LANG		
/	CASA CONTRACTOR OF CONTRACTOR														
Value at Time			en en en en		3.8			Total #	of		W	hat Tv	ne of		Type of
of Completion * include				Project	Project bedrooms Sewe						What Type of /Sanitary System(s)			Water	
donated time		Projec	ī.	# of Stories							the pro	on			
& material					property							property?		property	
	New New	Constru	uction	X 1-Story	☐ Basement ☐ 1 ☐ Municipal						nicipal/Cit	v	☐ City		
	/ 0 -  -  :-	h: a.a. / A la		☐ 1-Story +	. Foundation			X 2 New		-	w) Sanitai		cify Type:		. 0
6 1 10		tion/Ai	teration	Loft		Foundation		X 2							Well
3 110,000	□ Com.			_ 2 Ct	H all					☐ Sanitary (Exists) Specify Type:					
	☐ Conv	ersion		☐ 2-Story	_   X :	X Slab						sest opening type.			
	☐ Relo	cate (exi	sting bldg)					☐ ☐ Privy (Pit) or ☐ Vaulted (min					ulted (min 200	gallon)	
,	☐ Run a	a Busine	ess on			Use		□ None	e	□ Portable (w/service contract)					
	Prop	erty			X.	Year Round				☐ Con	npost Toil	et			1
								3 in g	16	□ Nor	ne				2
Evicting Character	**** (15 · · ·	***			7			ouell	m						
Proposed Const					piled for)	Length:	27	, ,		Nidth:	37'		Height:		
- Toposca const	. accion.	(Overa	ii dimensioi	15)		Length:	d. [	•	V	Nidth:	3/		Height:	125	
Dyoniosod I		1				100								y tries	Square
Proposed L	ise					oposed Struc						D	imensions		Footage
		X		Structure (firs			y)			**		(	Х )		
-		X	Residenc	e (i.e. cabin, hւ	unting sha	ack, etc.)						12	7x 37	03	999
Residentia	LUSE			with Loft								(	Х )		
with a Porch												(	Χ )		
r				with (2 <sup>nd</sup> ) P	orch							(	X )		2
				with a Deck	1							18	5 x12)	-	96
☐ Commercia	عا ا ادم			with (2 <sup>nd</sup> ) D	eck							(	Χ )		
_ COMMITTER CIT	u. 03C			with Attach	ed Garag	ge						(	Х )		
			ry, <u>or</u> $\square$ s	sleeping quarte	□ cooking	(	X )								

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

☐ Municipal Use

Accessory Building Addition/Alteration (explain)

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: 

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Authorized Agent:«

Mobile Home (manufactured date)

Addition/Alteration (explain)

Accessory Building (explain)

Special Use: (explain)

Other: (explain)

Conditional Use: (explain)

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Address to send permit 42050 CABLE SUNSET Rd, CABLE, WI. 54821 **Copy of Tax Statement** If you recently purchased the property send your Recorded Deed

#### In the box below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL **Show Location of: Proposed Construction** North (N) on Plot Plan (2)Show / Indicate: Show Location of (\*): (3)(\*) Driveway and (\*) Frontage Road (Name Frontage Road) Show: All Existing Structures on your Property (4)(5)Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond Show any (\*): (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20% (7)See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Setback Measureme			Description	Setb Measure		
425	Feet		Setback from the Lake (ordinary high-water mark)	-	Feet	
	Feet	-	Setback from the River, Stream, Creek	-	Feet	
			Setback from the Bank or Bluff	-	Feet	
336	Feet					
900	Feet		Setback from Wetland	-	Feet	
425	Feet	3.4	20% Slope Area on the property	☐ Yes	□ No	
1000	Feet	\$7 th	Elevation of <b>Floodplain</b>		Feet	
New	Feet		Setback to Well		Feet	
New	Feet					
	Feet					
	336 900 425 1000	Measurements  425 Feet Feet  336 Feet 900 Feet 425 Feet 1000 Feet New Feet New Feet	Measurements  425 Feet Feet  336 Feet 900 Feet 425 Feet 1000 Feet  New Feet New Feet	Measurements  Peet Setback from the Lake (ordinary high-water mark)  Feet Setback from the River, Stream, Creek  Setback from the Bank or Bluff  Peet Setback from Wetland  Peet Setback from Wetland  Peet Setback from The Bank or Bluff  Setback from Wetland  Peet Setback from Wetland  Peet Setback from The Property  Setback from Wetland  Peet Setback from The Property  Setback from Wetland  Peet Setback from Wetland  Peet Setback from Wetland  Peet Setback from Wetland	Measurements  Peet Setback from the Lake (ordinary high-water mark) Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff  Peet Setback from Wetland Feet Setback from Wetland Feet Setback from Wetland Feet Setback from Feet Feet Setback from Wetland Feet Setback from Wetland Feet Setback from Wetland Feet Feet Setback from Wetland Feet Feet Feet Setback from Wetland	

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)  Sanita	ry Number: 2	1-16/5	# of bedrooms: 2	Sanitary Date: 9/28/2/					
Permit Denied (Date): Reaso	n for Denial:								
Permit #: 2/-0330 Permit	0 te: 10-a	1/							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming    Yes (Deed of Record)		Mitigation Required Mitigation Attached	☐ Yes ☑ No ☐ Yes ☑ No	Affidavit Required Affidavit Attached Yes No					
Granted by Variance (B.O.A.)  ☐ Yes → No Case #:		Previously Granted by  Ves No	y Variance (B.O.A.) Case	e #:					
Was Parcel Legally Created Was Proposed Building Site Delineated  Yes No	Are 100 - A	Were Property Lines Represented by Owner Was Property Surveyed  Wes  Yes  Ves							
Inspection Record: STAKED  Class-A Recieved	- Sau	and Buelling	on forcel	Zoning District ( F-/ ) Lakes Classification ( N/ )					
Date of Inspection: 6/20/21 Inspec	cted by:	Date of Re-Inspection:							
Condition(s): Town, Committee or Board Conditions Attached?   Yes   No - (If No they need to be attached.)  - Build as profosed, - Get required upc inspections									
Signature of Inspector:		4 72 -	5 0 F	Date of Approval: 10/6/2/					
Hold For Sanitary:  Hold For TBA:	Hold For Affi	davit: 🗌	Hold For Fees:						

#### TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department P.O. Box 58 – Washburn, WI 54891 Phone – (715) 373-6138

Fax – (715) 373-0114 e-mail: zoning@bayfieldcounty.org Website: www.bayfieldcounty.org/147

Date Zoning Received (Stamp Here)

SEP 17 2021

Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk.

[front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department.

Ask Town if you should be present at their meeting(s).

Property Owner Lows J. Holly	Contractor SEF									
Property Address +2050 CABLE SUNSET Rd.										
CABLE, W1. 5482)										
Telephone 715-730-0192										
Accurate Legal Description involved in this request (specify 5W 1/4 of 5W 1/4, Section 23, Township 43										
Govt. LotLot Block Subdivision										
Volume 1062 Page 553 of Deeds Tax I.D# 963										
Additional Legal Description:										
Applicant: (State what you are asking for) Zoning District: F- Lakes Classification										
- 2 Bes Home or NW Corner of Property										
[1] [1] [1] [1] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4										
·										
	, do hereby recommend to									
We, the Town Board, <i>TOWN OF</i>	, do hereby recommend to									
We, the Town Board, TOWN OF	, do hereby recommend to  Disapproval									
We, the Town Board, <i>TOWN OF</i> Approx	, do hereby recommend to  val									
We, the Town Board, TOWN OF Approx  Have you reviewed this for Compatibility with the Comp	, do hereby recommend to  val									
We, the Town Board, TOWN OF Approx  Have you reviewed this for Compatibility with the Comp	, do hereby recommend to  val									
We, the Town Board, TOWN OF ApproxIn Table ApproxIn Have you reviewed this for Compatibility with the Compatibility. (In detail clearly state Town Board's reason for In detail state T	, do hereby recommend to  val									
We, the Town Board, TOWN OF	, do hereby recommend to  val Disapproval  prehensive and/or Land Use Plan: Yes No  recommendation of tabling, approval or disapproval)									
We, the Town Board, TOWN OF										
We, the Town Board, TOWN OF										
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We, the Town Board, TOWN OF										

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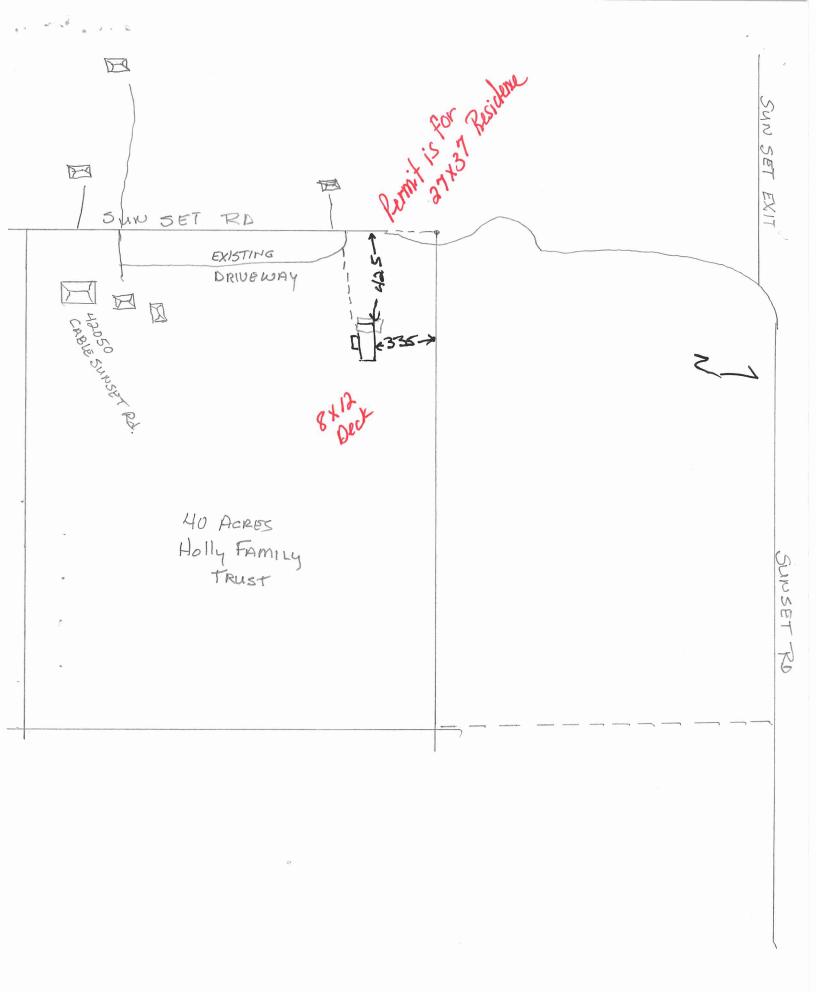
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Year Estate Dayrield Country Property Listing

'oday's Date: 9/1/2021

Description

Updated: 12/17/2013

Tax ID: PIN:

04-012-2-43-08-23-3 03-000-10000

Legacy PIN:

012112710000

Map ID: 1unicipality:

(012) TOWN OF CABLE S23 T43N R08W

TR: Description:

SW SW IN V.1062 P.553 922 (TRUST

DTD 4/21/2011)

Recorded Acres: Calculated Acres:

40.000 39.906 1

.ottery Claims: First Dollar:

Yes 'oning: (F-1) Forestry-1

:SN:

108

j	Tax	Districts
_	_	The second secon

Updated: 3/15/2006 **STATE** 14 COUNTY 112 TOWN OF CABLE )41491 SCHL-DRUMMOND 101700 TECHNICAL COLLEGE



Updated: 5/31/2011

#### WARRANTY DEED

Date Recorded: 5/23/2011

2011R-538561 1062-553

#### CONVERSION

Date Recorded: 3/15/2006

345-196

Ownership

Updated: 12/17/2013

Created On: 3/15/2006 1:15:07 PM

**HOLLY FAMILY IRREVOCABLE TRUST** 

CABLE WI

**Billing Address:** 

Mailing Address: HOLLY FAMILY IRREVOCABLE HOLLY FAMILY IRREVOCABLE **TRUST TRUST** 

42050 CABLE SUNSET RD **CABLE WI 54821** 

42050 CABLE SUNSET RD

**CABLE WI 54821** 

Site Address \* indicates Private Road

42050 CABLE SUNSET RD **CABLE 54821** 

Property Assessment		Updated: 6/17/2020				
2021 Assessment Detail			in a substitution with the substitution of			
Code	Acres	Land	Imp.			
G1-RESIDENTIAL	1.000	10,000	118,800			
G6-PRODUCTIVE FOREST	39.000	74,100	0			
2-Year Comparison	2020	2021	Change			
Land:	84,100	84,100	0.0%			
Improved:	118,800	118,800	0.0%			
Total:	202,900	202,900	0.0%			



Property History

N/A

# Town, City, Village, State or Federal Permits May Also Be Required

LAND USE – X
SANITARY – New (21-161S)
SIGN –
SPECIAL (A) – X (Tw of Cable 9/17/2021)
CONDITIONAL –
BOA –

completed or if any prohibitory conditions are violated.

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	21-0330 Issued To: Holly Family Irrevocable Trust											No. <b>21-0330</b>					
Location	on:	SW	1/4	of	SW	1/4	Section	23	Township	43	N.	Range	8	W.	Town of	Cable	
Gov't Lo	ov't Lot Block Subdivision								CSM#								
	For: Residential: [1 - Story, Residence (27' x 37'); Deck (8' x 12') = 1,095 sq. ft.] Height of 12'  (Disclaimer): Any future expansions or development would require additional permitting.  Condition(s): Build as Proposed. Get required UDC Inspections																
NOTE:	This	permit	expi	es or	ne year	from c		-	e authorized co					Tr	acy Pool	er, AZA	
work or land use has not begun.									P	Authori	zed Issuing	g Official					
Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.							October 10, 2021										
This permit may be void or revoked if any performance conditions are not										 Date							

#### SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield Canty Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

#### **APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN**

RECEIVED

OCT 0 4 2021

Bayfield Co.
Planning and Zoning Agency

			ENED
Permit #:	21-03	47	
Date:	N 10-19-9	1/10	0 1
Amount Paid:	75. de	rk	00
Other:			
Refund:			

INSTRUCTIONS: No permits will be issued until all fees are paid.

DO NOT START CO				2		ΓΟ ΑΡΡΙ	ICANT.	Ori	gina	I Арр	lication	MUST	be submi	tted FI	LL OUT IN I	NK ( <mark>N</mark>	O PEN	ICIL)
TYPE OF PERMIT	REQUESTE	D	□ LANI	O USE	SANIT	The state of the s	□ PRIV	/Y [	CC	NDIT	IONAL U		SPECIAL	USE 🗆	B.O.A. □	OTHER		
Owner's Name:	Coan	nick				ing Add	tress:	O 10 00	-1	+		City/Sta	ite/Zip: و معا	15	4821	Telepl		DIE.
Address of Propert	hv.					City/Sta	ite/Zip:							5) h. 100	10 -10	Cell Pl	41	10
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	non	۰																
Contractor: old Hickory	. Bldge				Cont	ractor I	hone:			Plumb	er: N	A				Plumber Phone:		
Authorized Agent:			ation on behal	f of	Agen	t Phon	e:			Agent		•	(include City	//State/Zip)	:	Written Authorization		
Owner(s))	_	_														Required (for Agent)		
PROJECT		iption:	(Use Tax Sta		Tax ID# 10630								j		Document: (		178	
1/4,	1/4,1/4 Gov't Lot Lot(s)						CSM Vol & Page CSM Doc# Lot(s) # Block # Subdivisi  V8 P22 1383   Lot(s) #						on: South	RIDO ev.	je A	00'N		
Section <u>aa</u>	, Townsh	1ip 4;	3_ N, Ran	ge	_ w		Town of	0	A B	10				Lot Size		Acr	eage •5	7 O
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			and within s		. 18		-continue			—	ance sur	ucture	is from Snc	feet	in Flood	plain	1000000	Wetland resent?
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							-continue		•	7	-			feet	MN			ХNо
Non- Shoreland	1																	
Siloreland												7	-					
Value at Time of Completion	4										tal # of		1 7	What T				Туре о
* include		Projec	t.	Pro.	ect tories		Project			be					ry System(s	)		Water
donated time & material	1		1078V L.	# 013	tories	-	rounua	EIOH							the property <u>or</u> on the property?			on propert
a material	New	New Construction 1-Story Basement 1 Municipal/City									Control of the last	☐ City						
	□ Addi:	tion/Al	teration	1-Sto	ory +		Founda	ation			2		(New) Sar	nitary Spe	ecify Type:	50		X Well
\$ Addition/Alteration Lo										Sanitary (Exists)  Conv. Septic					ts) Specify Type:			
11/009	☐ Conversion ☐ 2-Std														ecify Type:			
	☐ Relo	cate (ex	isting bldg)		X 51485										aulted (min			
	☐ Run a	a Busin	ess on		Use					□ None □ Portable (w/serv					contract)			
•	Prop		ONLY			>	Year R			-			Compost	Toilet	ilet			
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Existing Structu					ng appli	ied for)			39	1		Widt		0.1/	Heig			,
Proposed Cons	truction:	(overa	all almension	ns)			Len	gth:		V.		Widi	:n:	27	Heig	nt:	_//	
Proposed	Use	1	1				Propose	d Stri	ıctur	·e					Dimensions			quare
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☐ Commerci	ial Use			with (2			200							1	X	)		
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				se w/ ( some (man										es) (	X	)	1,80	4
Municipal	☐         Mobile Home (manufactured date)         ( X )           ☐         Addition/Alteration (explain)         ( X )																	
- wunncipal	Mullicipal use  Accessory Building (explain) Storage Shed-Brable on Skios (101 x 243) 242									2								
	Accessory Building Addition/Alteration (explain) ( X )																	
			Special U	se: (explain	1)									1	Х	)		
														(	Х	)		
	□         Conditional Use: (explain)         ( X )           □         Other: (explain)         ( X )																	
14.1				OBTAIN A P		- 1	- 1			UTHOU	T A PERMI	IT WILL F	ESULT IN PF	NALTIES				
I (we) declare that this (are) responsible for t	s application (i	including a	ny accompanyin	g information)	has been	examine	d by me (us)	) and to	the bes	st of my	(our) knowl	ledge and	belief it is true	, correct and c	omplete. I (we) a	cknowled	ge that I (	we) am
result of Bayfield Cou property at any reason	inty relying on	this inform	nation I (we) am	(are) providing														
p. oper. y at any reason	1		ge of Mispection.	1 /											. Q-21			

Owner(s): (If there are Multiple-Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Authorized Agent: Date \_

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

**Show Location of:** 

**Proposed Construction** 

(2) Show / Indicate: (3)

North (N) on Plot Plan

Fill Out in Ink - NO PENCIL

(4)Show:

Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road) All Existing Structures on your Property

(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

Show any (\*): (6)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

Show any (\*): (7)

(\*) Wetlands; or (\*) Slopes over 20%

note: I own all lots 86,87,88,89,90,91

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	∥o′ Feet		Setback from the <b>Lake</b> (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet		Setback from the River, Stream, Creek	Feet
•			Setback from the Bank or Bluff	Feet
Setback from the <b>North</b> Lot Line	Feet		1	
Setback from the <b>South</b> Lot Line	Feet		Setback from Wetland	Feet
Setback from the West Lot Line	Feet		20% Slope Area on the property	☐ Yes ☐ No
Setback from the East Lot Line	Feet		Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	129' Feet		Setback to Well	188' Feet
Setback to <b>Drain Field</b>	70 Feet			· · · · · · · · · · · · · · · · · · ·
Setback to <b>Privy</b> (Portable, Composting)	- Feet			
		the b	oundary line from which the setback must be measured must be visible from on	e previously surveyed corn

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible for previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

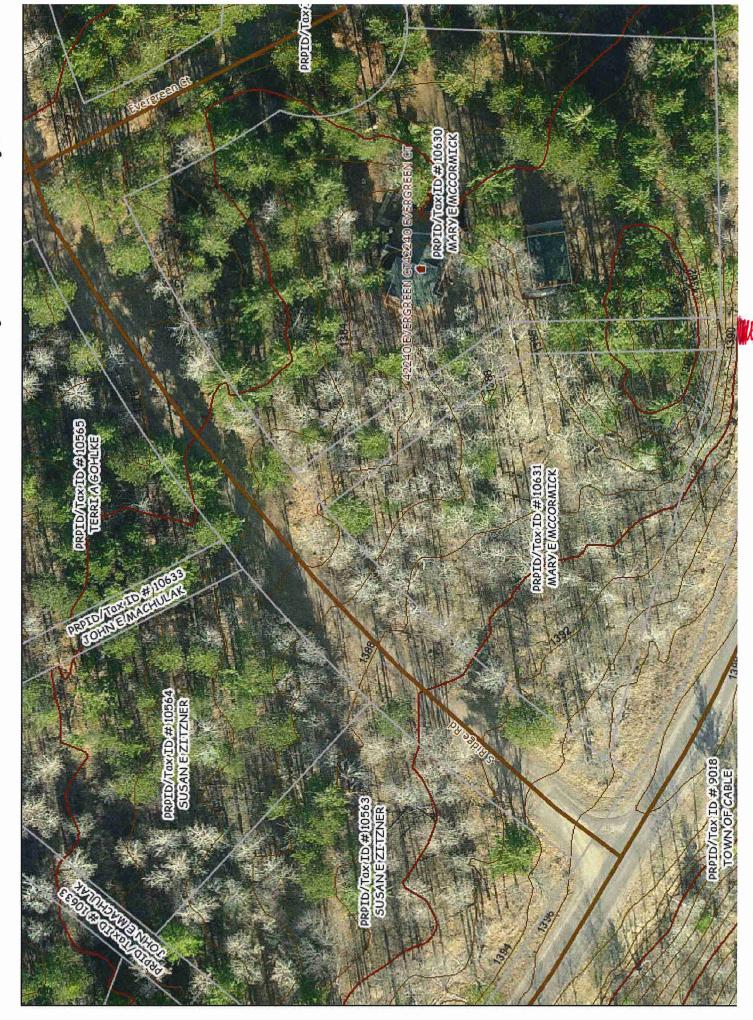
If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:						
Permit Denied (Date):	Reason for Denial:		HO P'S' BIGG T							
Permit #: 21 - 0347	Permit Date: /0-	1921								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  Yes (Deed of Recor  Yes (Fused/Contigu	ous Lot(s)) 🗇 No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required Affidavit Attached Yes No						
Granted by Variance (B.O.A.)  ☐ Yes ☐ No Case #:	e #:									
Was Parcel Legally Created Was Proposed Building Site Delineated  ✓ Yes □ No		Were Property Lines Represented by Owner  Was Property Surveyed  ✓ Yes  ✓ Yes								
Inspection Record: Landouver on 5.4	e - showed si	Taked center	ownership	Zoning District (R-/)						
		1 (TAY 10	0633)	Lakes Classification ( 10/19 )						
Date of Inspection: 10/14/21	Inspected by:	amulti dan at atau Saa ta	Date of Re-Inspection:							
Condition(s): Town, Committee or Board Conditions Atta				And printed to the second of the second						
- Build as proposed - Build as proposed tab. Hallon on sleeping - Not for Human Hab. Hallon on sleeping - If pressurized water enters structure get septic permits										
- It pressur, zed water enters struture get septic permits										
Signature of Inspector:	61_			Date of Approval: 10/15/24						
Hold For Sanitary:  Hold For TBA:  Hold For TBA:	Hold For Affic	davit: 🔲	Hold For Fees: 🗌							

(@August 2021) @@January 2000

Jour Stop not to Scale Green pars Frels Rd When Space Lot marken . Lot Marker 20x 68 1 tolot Portable on SKINShed WOODPILE DRAIN Field 0 Deck Pives Sx es Xuis 42240 Evergreen Ct.



YEAR LOCALE DAYNER COUNTY FTOPERTY LISTING

'oday's Date: 10/13/2021

Updated: 2/25/2021

Created On: 3/15/2006 1:15:09 PM

Description Updated: 2/25/2021 Tax ID: 10631 PIN: 04-012-2-43-07-22-4 00-285-91000

Legacy PIN: 012122504000

Map ID:

1unicipality: (012) TOWN OF CABLE S22 T43N R07W TR:

SOUTHRIDGE ADDITION TO WILDE Description:

**RIVER LOT 91 1757** 

Recorded Acres: 0.820 Calculated Acres: 0.861 .ottery Claims: 0 First Dollar: No

'oning: (R-RB) Residential-Recreational Business

ESN: 108

Tax Districts Updated: 3/15/2006 STATE )4 COUNTY )12 TOWN OF CABLE )41491 SCHL-DRUMMOND )01700 TECHNICAL COLLEGE

Recorded Documents Updated: 3/15/2006

CONVERSION

Date Recorded: 460620 787-253 Ownership

MARY E MCCORMICK CABLE WI

**Billing Address:** MARY E MCCORMICK 42240 EVERGREEN CT **CABLE WI 54821** 

**Mailing Address:** MARY E MCCORMICK 42240 EVERGREEN CT **CABLE WI 54821** 

**Site Address** \* indicates Private Road

N/A

Property Assessment		Updated:	6/17/2020
2021 Assessment Detail			
Code	Acres	Land	Imp.
G1-RESIDENTIAL	0.820	2,500	0
2-Year Comparison	2020	2021	Change
Land:	2,500	2,500	0.0%
Improved:	0	0	0.0%
Total:	2,500	2,500	0.0%

Property History

N/A

#### Town, City, Village, State or Federal **Permits May Also Be Required**

LAND USF - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

# **BAYFIELD COUNTY** PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	21-0347		Issued	I То: <b>М</b> а	Mary McCormick									
Location:	1/4	of	1/4	Section	22	Township	43	N.	Range	7	W.	Town of	Cable	
Gov't Lot		Lot	1	Blo	ock	Sul	odivisio	n				CSM# <b>1</b>	383	

For: Residential Accy: [1- Story; Storage Shed (10' x 24') = 242 sq. ft.] Height of 11'

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Build as Proposed. Not for Human Habitation or Sleeping Purposes. If pressurized water enters structure a sanitary permit is required.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

Tracy Pooler, AZA

**Authorized Issuing Official** 

October 21, 2021

Date

or if any prohibitory conditions are violated.

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

#### **APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Received)

SEP 222021

Bayfield Co.

Permit #:	2/-034
Date:	10-13-21
Amount Paid:	1075 - 9/3/2/px
Other:	- 13.
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made p	payable to: B	ayfield C			Planning and O APPLICANT.			MUST be submi	tted FIL	L OUT IN INK	(NO PE	NCIL)
TYPE OF PERMIT I	REQUESTER	) +>	Á LAND	USE SANIT	ARY   PRIV	/Y 🗆 CO	NDITIONAL U	SE   SPECIAL		3.O.A. 🗆 OTH		
Owner's Name:  Address of Propert  15235  Email: (print clear  Contractor:	Deani	re Ily	Arnola Rd arnol	d 12646	ng Address: 35 Mc A  ity/State/Zip: alle, h  actor-Phone: - 3102	ully A	21 ( 4821	City/State/Zip:	L 548	Ce G9	Il Phone:	622
Authorized Agent: Owner(s)) Mike	Fur	tak	ation on behalf	of (715) Agent 81	1 Phone: 7 -2034 ax ID# 8381		Agent Mailing A	ddress (include City on LakeRd	WI	54847 F	ritten Aut Required (for ving Owne	rship)/
12 NU1/4, 5W	1/4		't Lot	Lot(s) CSM	Vol & Page	CSM Doc	# Lot(s)	# Block #	Subdivisio	on:		
Section 4	_ , Townsh	ip <u>4</u>	3_ N, Rang	ge <u>7</u> w	Town of	Cable			Lot Size		Acreage .	3
☐ Shoreland —	Creek or	Landw	ard side of F	000 feet of Lake, P	f yescontinue	<b>e</b> → e		ucture is from Sho	feet	Is your Proper in Floodplain Zone? Yes	Δ,	e Wetlands Present?  Ves
Non- Shoreland								1		<i>y</i> =410		
Value at Time of Completion * include donated time & material	Project Project bedrooms Sewer/Sa # of Stories Foundation on Is on the						er/Sanitar on the pro	What Type of /Sanitary System(s) n the property <u>or</u> e on the property?				
\$/7 800	□ New			1-Story  1-Story + Loft					nitary Spe	tary Specify Type:		
\$/2,000				2-Story	Use				or 🗆 Va	or Uaulted (min 200 gallon) Service contract)		
	ıre: (if addi			siness is being appli			1011	Width:	,	Height:		
Proposed Cons	truction:	(overa	Il dimension	is)	Len	gth: 30	) /22 II	Width:	0 11	Height:		
Proposed l	Use	✓			Proposed	d Structur	e e	0	7	Dimensions		quare ootage
Residential Use    Principal Structure (first structure on property)						Λ.						
Commercial Use   with (2 <sup>nd</sup> ) Deck   ( X )   ( X )								0.56				
	- - -		Accessory Special Use Condition	y Building (explain y Building Additi se: (explain) aal Use: (explain)		n (explain)		<u>16</u> 1 19		x ) x ) x ) x )	650	2, 99
			Other: (ex	OBTAIN A PERMIT <u>or</u>	STARTING CONST	TRUCTION W	ITHOUT A PERMI	T WILL RESULT IN PE	NALTIES	^ )		

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described

property at any reasonable time for the purpose of inspection.	
Owner(s):	Date
(If there are Multiple Owners lifted on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	0 1/ 1-21
Authorized Agent: (See Note below)	Date 9-15-2021
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application	
Address to send permit 15235 McAully Rd, Cable, WI 54821	Attach
Address to send permit 13233 19 (17011) W. Cable, W. L. St. Od	Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

**Show Location of:** Show / Indicate: (2)

**Proposed Construction** 

North (N) on Plot Plan

Fill Out in Ink - NO PENCIL

(3) (4)

(5)Show:

(6)

Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road) Show: All Existing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

Show any (\*): (7)

Show any (\*):

(\*) Wetlands; or (\*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measureme			Description	Setback Measureme	
*						
Setback from the Centerline of Platted Road	225	Feet		Setback from the Lake (ordinary high-water mark)	NH	Feet
Setback from the Established Right-of-Way 190 F				Setback from the River, Stream, Creek	NA	Feet
- 1				Setback from the Bank or Bluff	7/14	Feet
Setback from the North Lot Line lown Rd	NA	Feet			70.	
Setback from the <b>South</b> Lot Line	376	Feet		Setback from Wetland	NA	Feet
Setback from the West Lot Line	703	Feet		20% Slope Area on the property	Yes	No
Setback from the <b>East</b> Lot Line	208	Feet		Elevation of Floodplain	NA	Feet
			MIS		, , , ,	
Setback to Septic Tank or Holding Tank	20	Feet	13/2	Setback to Well	-2	Feet
Setback to <b>Drain Field</b>	70	Feet		from house	16	
Setback to <b>Privy</b> (Portable, Composting)	-NIA	Feet		1.01		
Prior to the placement or construction of a structure within ten (10) fee		ed setback, t	he bo	oundary line from which the setback must be measured must be visible from on	e previously surveyed co	orner to the

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be narked by a licensed surveyor at the owner's expense

#### (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

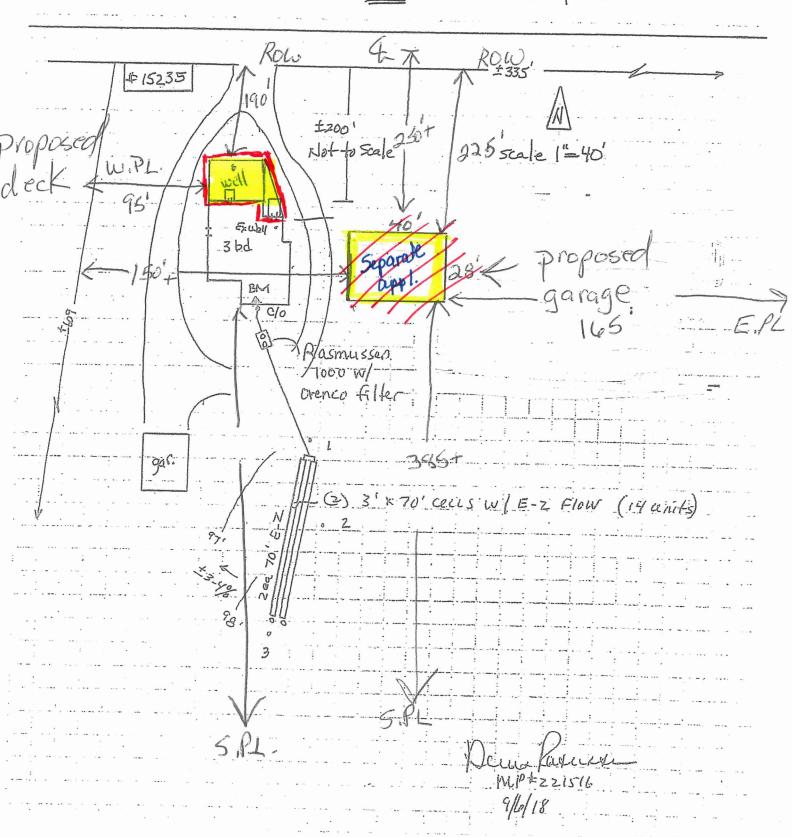
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Issuance Information (County Use Only)	Sanitary Number:	18-1145	# of bedrooms: 3	Sanitary Date:	9/17/18	
Permit Denied (Date):	Reason for Denial:					
Permit #:21 - 03 41	Permit Date: 10-/	3-31				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  Yes (Deed of Recor	ious Lot(s))	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required Affidavit Attached	☐ Yes	
Granted by Variance (B.O.A.)  See Proposition Case #:		Previously Granted b  Ves No		se #:		
Was Parcel Legally Created Was Proposed Building Site Delineated  ✓ Yes □ No		Were Property Lin	es Represented by Owner Was Property Surveyed		Yes   No   No	
Inspection Record:		11		Zoning District Lakes Classification	(F-1) on $(NA)$	
Date of Inspection: 10/5/2/	Inspected by:	1 beler		Date of Re-Inspe	ction:	
Condition(s): Town, Committee or Board Conditions Atta  - Balla 45 Pr  - Get upc ins	ched?   Yes   No - (If	No they need to be atta	ached.)			
Signature of Inspector:				Date of Appro	oval: 10/4/21	
Hold For Sanitary:  Hold For TBA:	Hold For Affi	idavit: 🗌	Hold For Fees:	□	1.7	

(@August 2021) @@January 2000

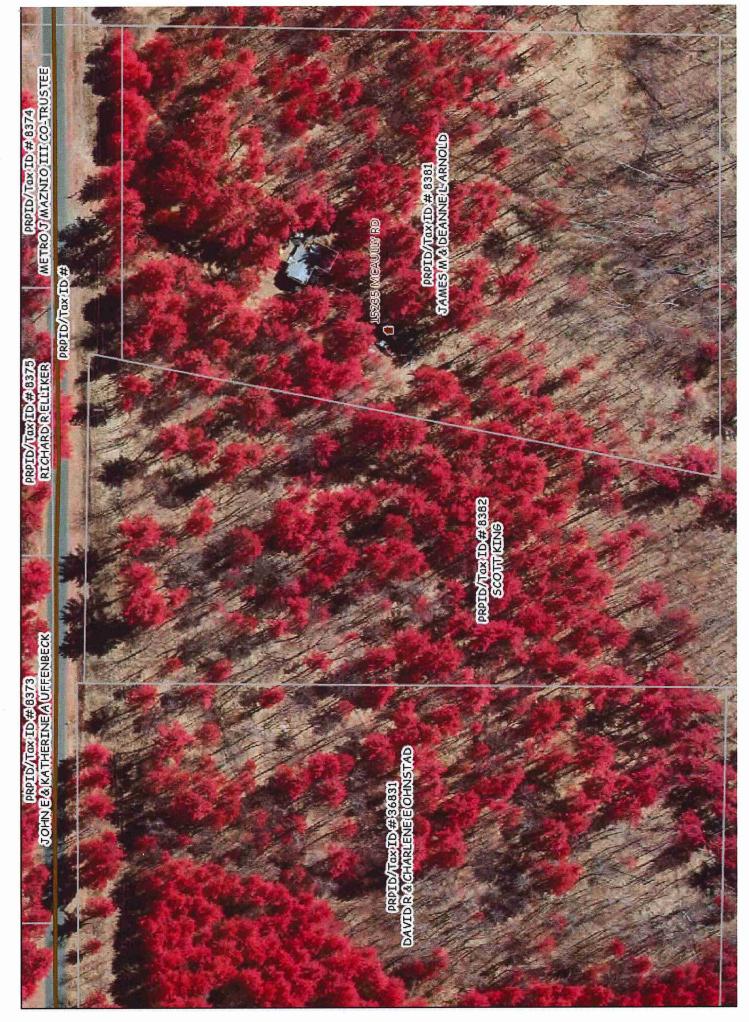
owner: David Wayne Trowbridge 14695 N. Riverside Rd. Cable, Wt. 54821 715-413-0045 Legal: BayfieldCo. Cable Twg.
PIN: 04-012-2-43-07-04-3 02-000-20000
E/2 NW/SW 5 04 T 43N ROTW
Site: 15235 McAully Rd.

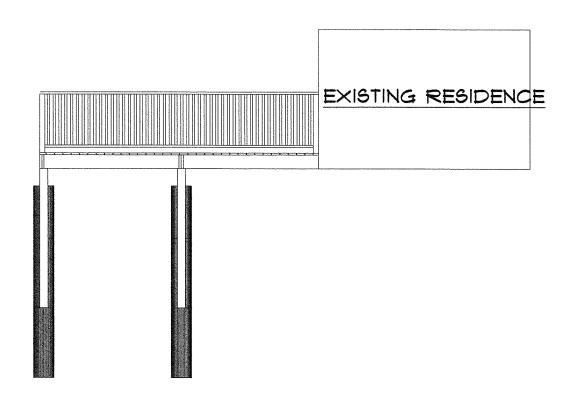


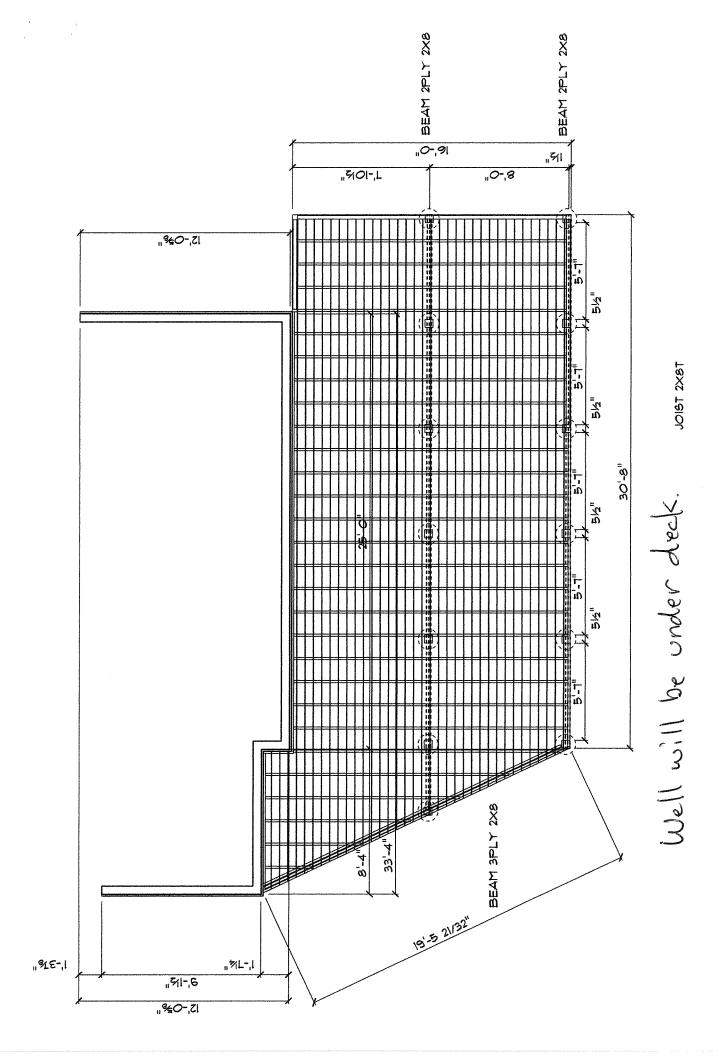
A-LA

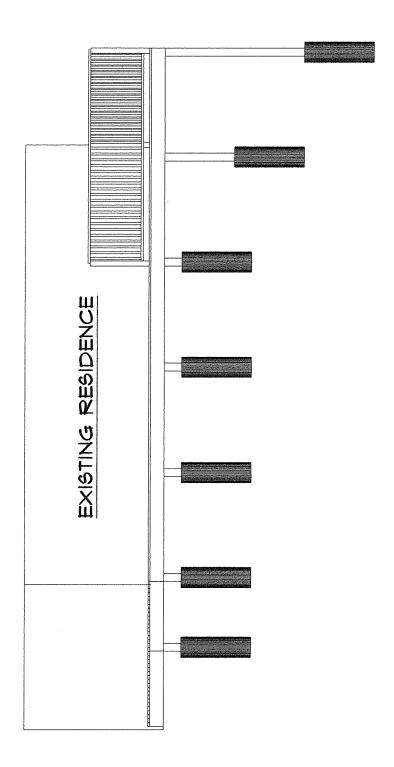
Stone grain

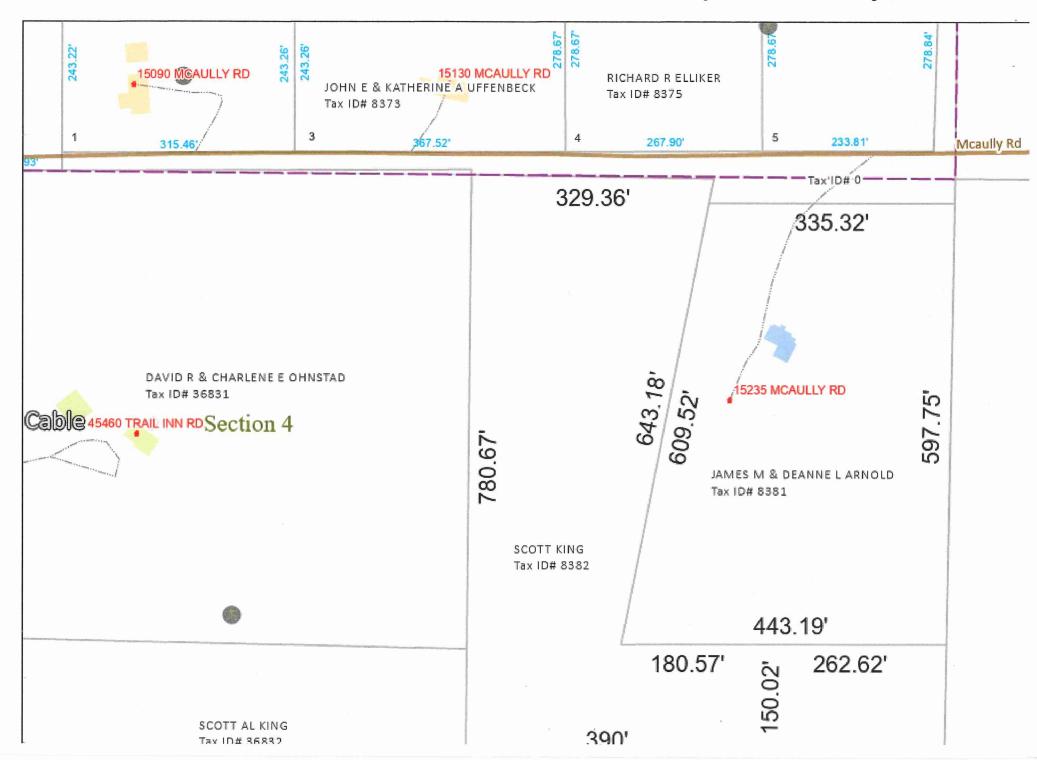


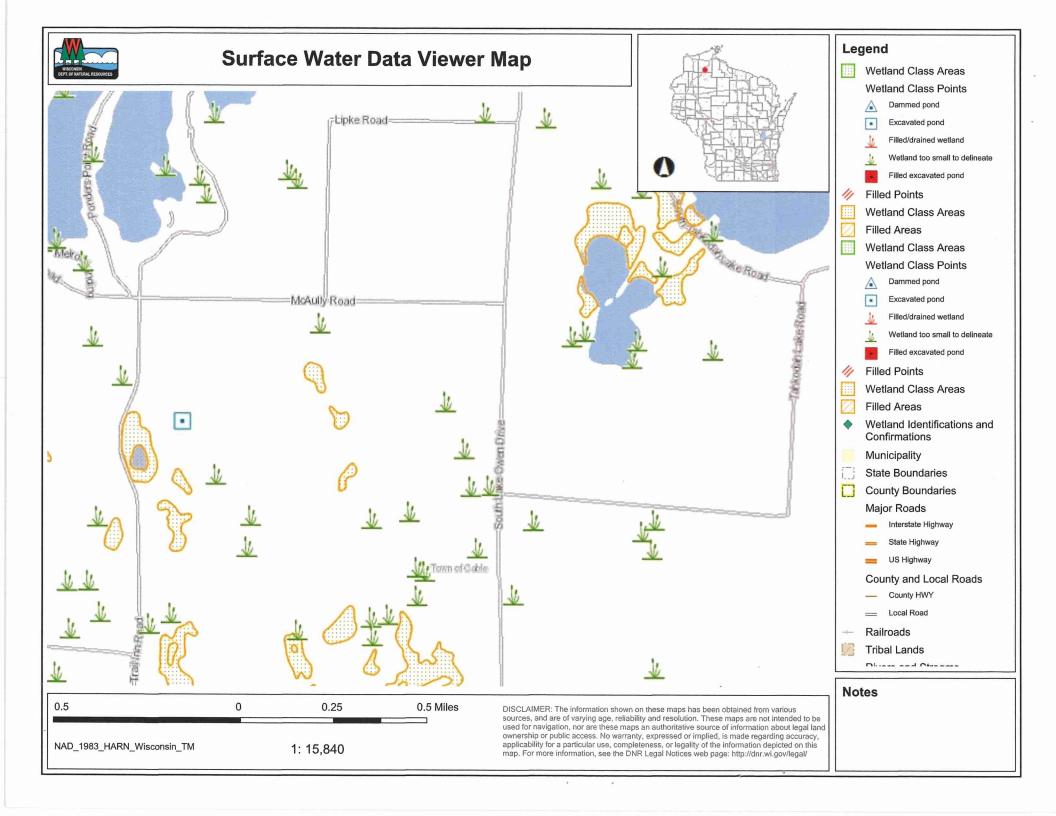


















#### **Zoning Consulting/Real Estate Services LLC Disclosure**

- 1. I (we) acknowledge that North Star Realtors and John Podlesny, (John Podlesny owner of North Star Realtors), have no interest in Zoning Consulting/Real Estate Services LLC as Zoning Consulting/Real Estate Services LLC and Mike Furtak, owner of Zoning Consulting/Real Estate Services LLC are completely independent of North Star Realtors for this zoning application transaction.
- 2. Mike Furtak is a licensed Realtor in Wisconsin working as a sales associate for North Star Realtors.
- 3. I (we) grant permission to Mike Furtak and all vendors whose services are required to obtain the desired zoning permits access to the subject property/properties.
- 4. I (we) authorize Mike Furtak of Zoning Consulting/Real Estate Services LLC to act as our agent to represent our interests during the application process to obtain the required zoning permit(s).
- 5. I (we) acknowledge that we are responsible for all costs of services provided by vendors and/or other entities to obtain the required permit(s).
- 6. I(we) hereby understand that by contracting Mike Furtak and Zoning Consulting/Real Estate Services LLC there is **NO GUARANTEE** the desired permit(s) will be approved by the issuing authorities. Additionally there is no guarantee to the timeframe for the issuance of permits.
- 7. It is the responsibility of the property owner/contractor/plumber to obtain a Uniform Dwelling Code (UDC) or sanitary permit if required.
- 8. Mike Furtak and Zoning Consulting /Real Estate Services LLC are only responsible to attempt to gain issuance of the necessary Land Use permit as agreed to. Mike Furtak and Zoning Consulting/Real Estate Services LLC will not act as a general contractor or project manager.

The undersigned parties have read and understand the above terms of this disclosure and agree to abide by all terms.

Signature Jume Long M Print Name: James Arnold	Date <u>8-/5-2/</u>
Signature for what Print Name: Dee Arnold.	Date

#### Real Estate Bayfield County Property Listing

Today's Date: 8/3/2021

**Property Status: Current** Created On: 3/15/2006 1:15:04 PM

**Description** 

Tax ID:

8381

04-012-2-43-07-04-3 02-000-20000

Legacy PIN:

012100901000

Map ID:

PIN:

Municipality:

(012) TOWN OF CABLE

STR:

S04 T43N R07W

Description:

PAR IN E 1/2 NW SW IN DOC 2021R-

586897 80B

Recorded Acres:

Calculated Acres: Lottery Claims:

5.330 5.342 1

First Dollar: Zoning:

Yes

ESN:

1

(F-1) Forestry-1

108

**Tax Districts** 

Updated: 3/15/2006

Updated: 3/11/2021

STATE COUNTY TOWN OF CABLE SCHL-DRUMMOND

TECHNICAL COLLEGE

Recorded Documents

Updated: 3/15/2006

WARRANTY DEED

Date Recorded: 2/3/2021 2021R-586897

**B** LAND CONTRACT

Date Recorded: 4/26/2019 2019R-577212

**WARRANTY DEED** 

Date Recorded: 1/15/2018 2018R-571562

TERMINATION OF DECEDENT'S INTEREST

Date Recorded: 1/15/2018

2018R-571561

**CONVERSION** 

Date Recorded:

319-502;362-151;536-254

**WARRANTY DEED** 

Date Recorded: 8/8/1991

393652 526-254

Ownership

Updated: 7/1/2020

**JAMES M & DEANNE L ARNOLD** 

CABLE WI

**Billing Address:** 

**JAMES M & DEANNE L** 

**ARNOLD** 

15235 MCAULLY RD **CABLE WI 54821** 

**ARNOLD** 15235 MCAULLY RD

**CABLE WI 54821** 

**Mailing Address:** 

**JAMES M & DEANNE L** 

Site Address

\* indicates Private Road

15235 MCAULLY RD

**CABLE 54821** 

Property Assessment	Updated: 6/17/2020			
2021 Assessment Detail	reference reportative gently post-out codes on the sy	OSPTSSSSLEEN É HYSTOCH SANOY E SEUT YEAR	and the second second	
Code	Acres	Land	Imp.	
G1-RESIDENTIAL	2.000	15,000	86,400	
G6-PRODUCTIVE FOREST	3.330	7,000	0	
2-Year Comparison	2020	2021	Change	
Land:	22,000	22,000	0.0%	
Improved:	86,400	86,400	0.0%	



Total:

Property History

108,400

108,400

0.0%

1 ccx \$12,000 \$75

Jamie Arnold 715-699-9222

jamiearnold 1264@ gmail. Com

240 to E side house

#### 0341Town, City, Village, State or Federa Permits May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. <b>2</b> ′	I-0341		ls	ssued	To: <b>Ja</b>	mes 8	& Deanne A	rnold						
Par in E ½ of Location: N	57.515	of	SW	1/4	Section	4	Township	43	N.	Range	7	W.	Town of	Cable
Gov't Lot	*	L	_ot		Blo	ck	Sub	odivisio	n				CSM#	

For: Residential Addition: [1-Story]; Irregular Deck North - (30' x 16'); Pie Shaped East - (8' x 16' x 19').

(Disclaimer): Any future expansions or development would require additional permitting.

#### Condition(s): Build as Proposed. Get UDC Inspections (if required)

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler, AZA** 

**Authorized Issuing Official** 

October 13, 2021

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

#### APPLICATION FOR PERMIT **BAYFIELD COUNTY, WISCONSIN**

Pate Stamp (Received)

AUG 25 2021

Ba; Ö. Planning and Zorling Agency

Permit #:	21-0318 W
Date:	9-26-2021
Amount Paid:	450-9-1-21
Refund:	dal

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CO	NSTRUCTION	ONTIL ALL TERM	VIII S TIAVE BEEN 1330EB		Application ivio		Delication and action of contraction	
TYPE OF PERMIT	REQUEST	ED-	∭ LAND USE □	SANITARY   PRIVY	CONDITION	CHANGE IN THE PARTY OF THE PART	L USE 🗆 B.O.A. 🗆	OTHER
Swner's Name;	. 1	. 1		Mailing Address:		City/State/Zip:	MN166136	Telephone:
Arddress of Proper	Hm	COCH	irane	7116 Coach wood City/State/Zip:		, ,		(612)414-1029
	559-(n	ac Ct	,	Cable W	I 5488	۱۱		Cell Phone:
Contractor:	1		(715)	Contractor Phone:	Plumber:	de Plan	bing (9B)	Plumber Phone:
SCOTT D  Authorized Agent:	Parson Sign	ing Application on		492-4184 Agent Phone:	Strane Agent Maili	ng Address (include City	V/State/Zip)	558 - 1673 Written
		31	bendir of owner (5))	(715)	6/73	ng Address (include Cit TronLaKe K	d	Authorization
Mike to	ctak	-		817-2034	Front	River, WI	54847	Attached Xℚ Yes □ No
PROJECT LOCATION	<u>Legal</u> l	Description: (	Use Tax Statement)	Tax ID# 105	80	,	Recorded Document: (S	
1/4,	1	/4 Gov'	t Lot Lot(s)	CSM Vol & Page CSM	/I Doc# Lo	ot(s) # Block #	subdivision: Southridge	Add + GLA
Section 2	7 -	uship 43	N. Range 7 V	Town of:	)   ;		Lot Size	Acreage
Section	<u>メ</u> , Towr	iship <u>7. J</u>	N, Range V	V	able			, 760
	1000		within 300 feet of Riv	er, Stream (incl. Intermittent)  If yescontinue	Distance Stru	cture is from Shorelir	feet in Floodplain	' Are Wetlands
✓ Shoreland –	□ Is P	roperty/Land v	within 1000 feet of La	ke, Pond or Flowage  If yescontinue	Distance Stru	cture is from Shorelin	Zone?  Pes feet No	☐ Yes No
☐ Non-Shoreland	d						- Aug	
Value at Time					Total # of	w	hat Type of	Type of
of Completion			Project	Project	bedrooms		anitary System(s)	Water
* include donated time		Project	# of Stories	Foundation	on		the property <u>or</u>	on on
& material					property		on the property?	property
	X New (	Construction	1-Story	☐ Basement	X 1	☐ Municipal/Cit	y Specify Type:	☐ City
¢//2 22 2	☐ Addit	ion/Alteratio	n	☐ Foundation	□ 2	/S (New) Sallitar	y specify type:	Xwell
\$/50,000	□ Conve	ersion	□ 2-Story	'⊠ Slab	□ 3	3 Sanitary (Exists) Specify Type:		
	☐ Reloca	ate (existing bld	g) 🗆		☐ Vaulted (min 200	gallon)		
97	Ame - 0.710.0 (0.00)	Business on		Use	ervice contract)			
2	Prope	rty		✓ Year Round		et		
						☐ None		
			or business is being app		/ 0	Width:	Height:	1//
Proposed Cons	truction:	(overall dime	nsions)	Length: L	10	Width: 22	Height:	_/7
Proposed U	Jse	1		Proposed Structu	re		Dimensions	Square Footage
1			cipal Structure (firs	t structure on property)			( X )	
		Resid	dence (i.e. cabin, hu	nting shack, etc.)	main c	abin	130x221	660
✓ Residentia	I Use		with Loft	Caral	Bec	droom	(14×10)	140 28
	-		with a Porch with (2 <sup>nd</sup> ) Po				(4 x 7 )	20
		e i	with a Deck		* **		( x )	800
	, t		with (2 <sup>nd</sup> ) D				( x )	
☐ Commerci	ai Use		with Attach	ed Garage			( X ( )	
		Bunk	<b>chouse</b> w/ (□ sanitar	y, or $\square$ sleeping quarters,	or □ cooking &	food prep facilities)	( x )	
		□ Mob	ile Home (manufactu	red date)			( X )	
☐ Municipal	Use			olain)			( X )	
•				ain)			( x )	
		☐ Acce	ssory Building Addi	tion/Alteration (explain			( x )	
		☐ Speci	al Use: (explain)				( X )	
		□ Cond	itional Use: (explain	)			( x )	
		□ Othe	r: (explain)				( x )	
				or STARTING CONSTRUCTION V				d- d
(are) responsible for th	ne detail and a	ccuracy of all inform	nation I (we) am (are) providir	n examined by me (us) and to the be ng and that it will be relied upon by l	Bayfield County in det	ermining whether to issue a	permit. I (we) further accept lia	bility which may be a
and the formational Comme	aty relying on t	this information I (w	ve) am (are) providing in or w	rith this application. I (we) consent t	o county officials char	rged with administering coun	ty ordinances to have access to	the above described

(If there are Multiple Owners listed on the Deed Att Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Authorized Agent: wner(s) a letter of authorization must accompany this application) Address to send permit Richard Coch rane, 716 (Woodbury, MN 55125 Original Application

Date 8-21-2021

**Attach** 

Copy of Tax Statement V

If you recently purchased the property send your Recorded Deed

Owner(s):

Original Application MUST be submitted

(1) (2) (3) (4) (5) (6) (7)	Show Location of: Show / Indicate: Show Location of (*): Show: Show: Show: Show any (*):	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
		See attachment

(8) Setbacks: (measured to the closest point)

Please complete (1) - (7) above (prior to continuing)

Setback to Drain Field

Changes in plans must be approved by the Planning & Zoning Dept.

C. C.f. Description	Setback Measurements			Description	Setback Measurements	
1959TVGS CUI -de - Sac						
Setback from the Centerline of Platted Road	90	Feet		Setback from the <b>Lake</b> (ordinary high-water mark)	NH	Feet
Setback from the Established Right-of-Way	42	Feet		Setback from the River, Stream, Creek	300 +	Feet
				Setback from the Bank or Bluff	NA	Feet
Setback from the <b>North</b> Lot Line	185	Feet				
Setback from the <b>South</b> Lot Line Row	NA	Feet		Setback from Wetland	250+	Feet
Setback from the <b>West</b> Lot Line	45	Feet		20% Slope Area on the property	☐ Yes 📉 N	lo
Setback from the East Lot Line	35	Feet		Elevation of <b>Floodplain</b>		Feet
						-
Setback to Septic Tank or Holding Tank	TBO	Feet		Setback to Well	TB()	Feet
	1 1	500	SECTION IN			

TBO Setback to Privy (Portable, Composting) n ten (10) feet of the m dary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

Feet

Feet

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

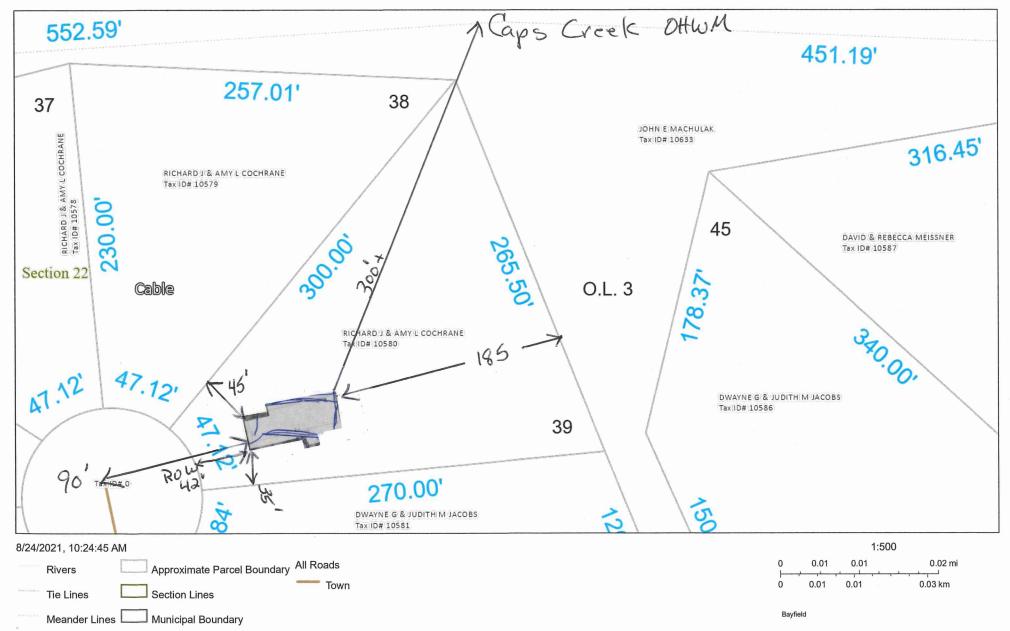
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

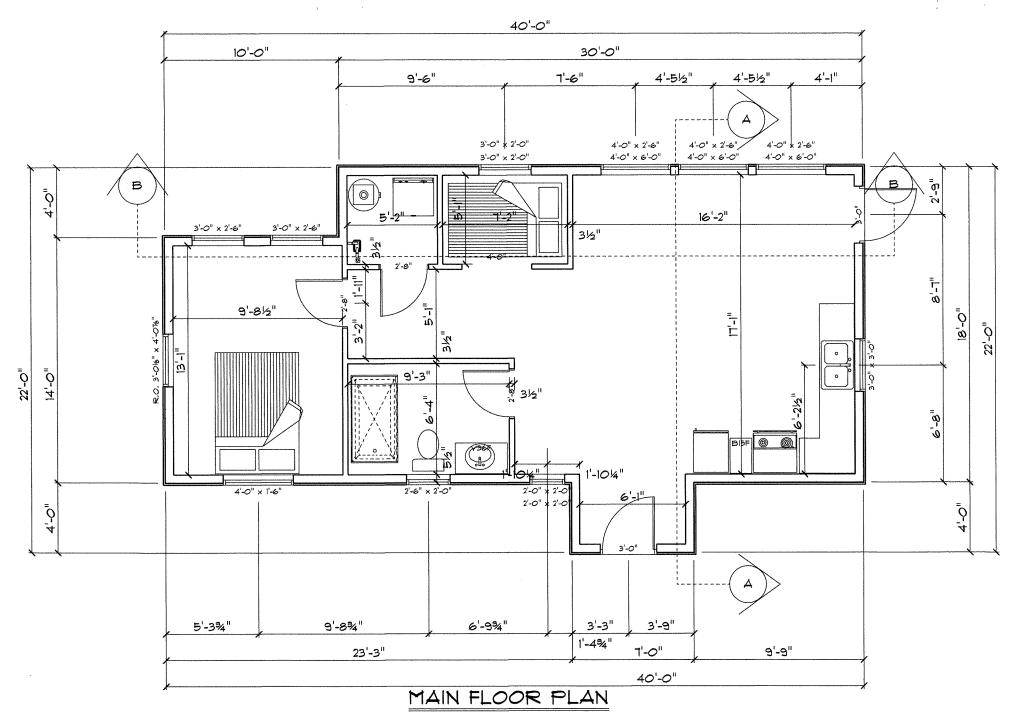
You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	-1565	# of bedrooms	Sanitary Date: 9	762-26			
Permit Denied (Date):	Reason for Denial:							
Permit #: 21-13/8	Permit Date: 906	2001						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  Yes (Deed of Recor	ous Lot(s)) 1 No	Mitigation Required Mitigation Attached	☐ Yes ☑No ☐ Yes ☑No	Affidavit Required Affidavit Attached	☐ Yes ☐ No☐ Yes ☐ No			
Granted by Variance (B.O.A.)  ☐ Yes ✓ No Case #:	Previously Granted by Variance (B.O.A.)  ☐ Yes ☑ No Case #:							
Was Parcel Legally Created Was Proposed Building Site Delineated  ✓ Yes □ No	Were Property Lines Represented by Owner  Was Property Surveyed  ☐ Yes ☐ Yes ☐ Yes ☐ Yes			□ No				
Inspection Record: Septie & lup on lit	Zoning District (RRB)  Lakes Classification (3)							
Date of Inspection: 9/8/2			Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Atta  - Build as P  - Kacp all	roposed		ched.) Get CSM 70 M	erge other	lot			
Signature of Inspector:	Specialis		Date of Appr	oval: 9/17/21				
Hold For Sanitary:  Hold For TBA:	Hold For Affi	davit: 🗆	Hold For Fees: 🗌 🔃	□				

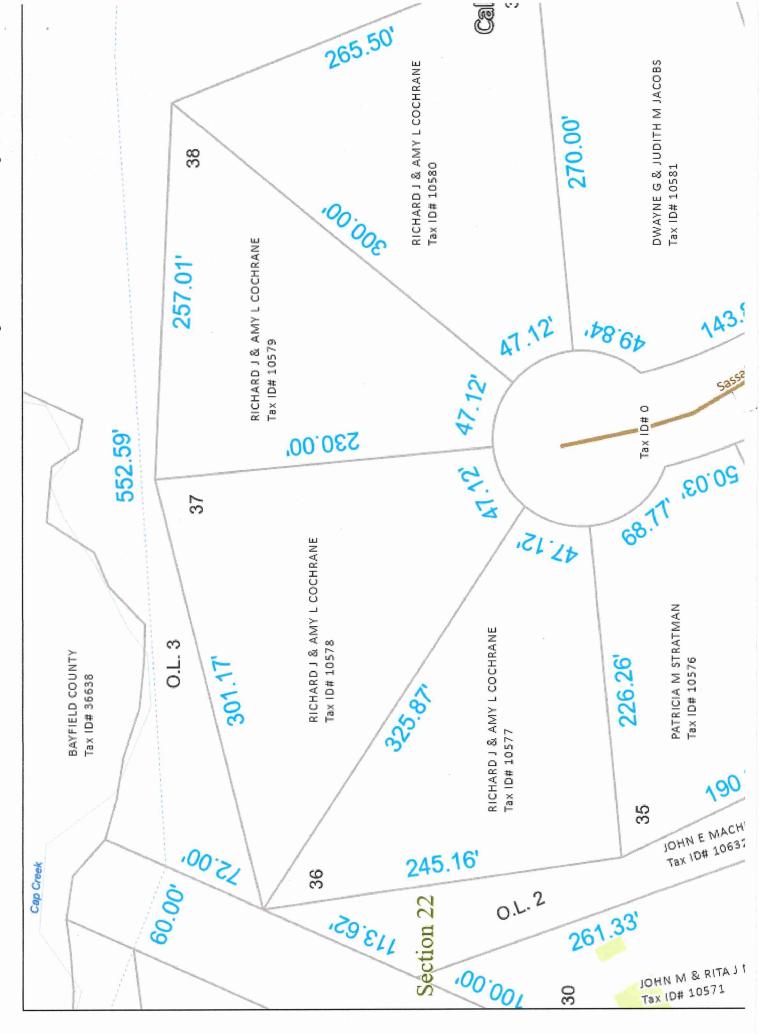


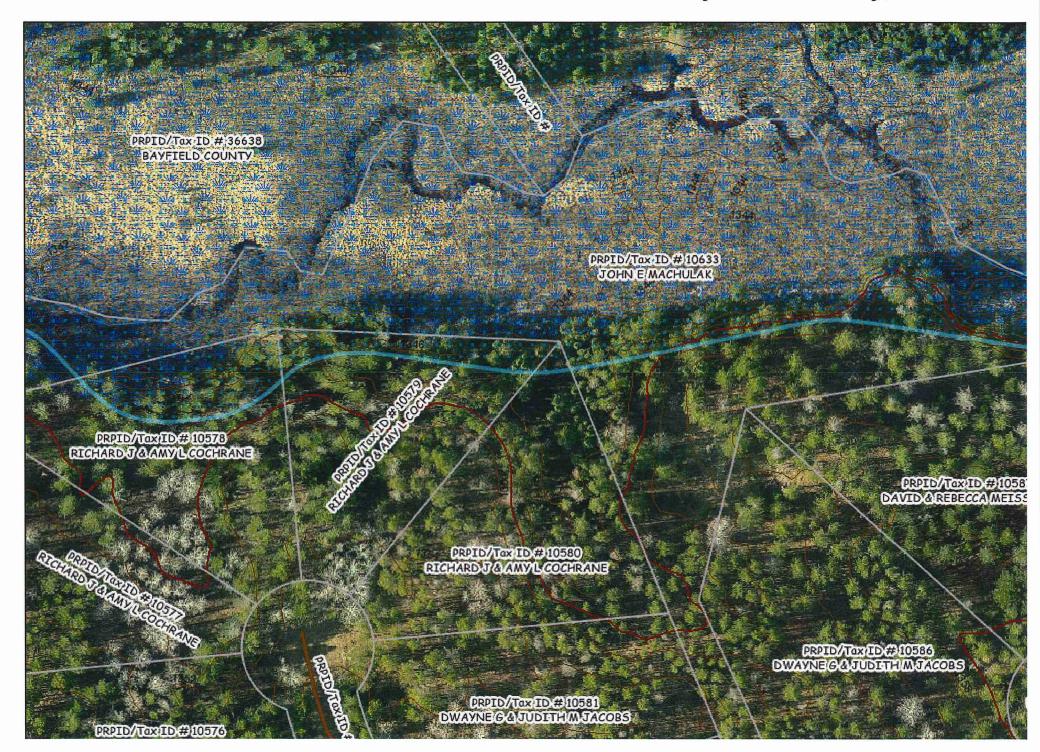


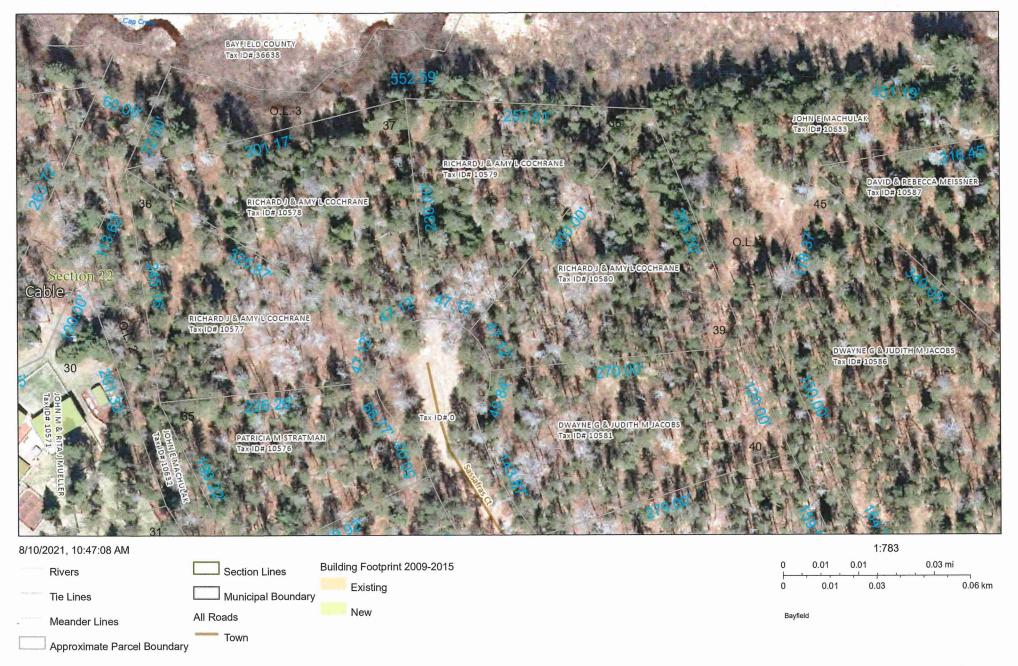




SCALE: 3/8" = 1'-0"







#### **Zoning Consulting/Real Estate Services LLC Disclosure**

- 1. I (we) acknowledge that North Star Realtors and John Podlesny, (John Podlesny owner of North Star Realtors), have no interest in Zoning Consulting/Real Estate Services LLC as Zoning Consulting/Real Estate Services LLC and Mike Furtak, owner of Zoning Consulting/Real Estate Services LLC are completely independent of North Star Realtors for this zoning application transaction.
- 2. Mike Furtak is a licensed Realtor in Wisconsin working as a sales associate for North Star Realtors.
- 3. I (we) grant permission to Mike Furtak and all vendors whose services are required to obtain the desired zoning permits access to the subject property/properties.
- 4. I (we) authorize Mike Furtak of Zoning Consulting/Real Estate Services LLC to act as our agent to represent our interests during the application process to obtain the required zoning permit(s).
- 5. I (we) acknowledge that we are responsible for all costs of services provided by vendors and/or other entities to obtain the required permit(s).
- 6. I(we) hereby understand that by contracting Mike Furtak and Zoning Consulting/Real Estate Services LLC there is **NO GUARANTEE** the desired permit(s) will be approved by the issuing authorities. Additionally there is no guarantee to the timeframe for the issuance of permits.
- 7. It is the responsibility of the property owner/contractor/plumber to obtain a Uniform Dwelling Code (UDC) or sanitary permit if required.
- 8. Mike Furtak and Zoning Consulting /Real Estate Services LLC are only responsible to attempt to gain issuance of the necessary Land Use permit as agreed to. Mike Furtak and Zoning Consulting/Real Estate Services LLC will not act as a general contractor or project manager.

The undersigned parties have read and understand the above terms of this disclosure and agree to abide by all terms.

Signature / h ) / Cochrane

Date 8/12/2021

Signature\_

Print Name:

#### Real Estate Bayfield County Property Listing

Today's Date: 8/24/2021

**Property Status: Current** 

Created On: 3/15/2006 1:15:09 PM

**Description** 

Tax ID: 10580

04-012-2-43-07-22-4 00-285-39000

PIN: Legacy PIN:

012122002000

Map ID:

Municipality:

STR:

(012) TOWN OF CABLE S22 T43N R07W

SOUTHRIDGE ADDITION TO WILDE Description: RIVER LOT 39 IN DOC 2021R-586351

1705

Recorded Acres: Calculated Acres: Lottery Claims:

0.960 0.932 0 No

First Dollar: Zoning:

(R-RB) Residential-Recreational Business

ESN:

108

**Tax Districts** 1 04

012 041491 001700

TOWN OF CABLE SCHL-DRUMMOND TECHNICAL COLLEGE

Recorded Documents

Updated: 3/15/2006

Updated: 3/15/2006

**STATE** COUNTY

Updated: 1/28/2021

**WARRANTY DEED** 

Date Recorded: 1/5/2021 2021R-586351

**WARRANTY DEED** 

2007R-516515 979-968 Date Recorded: 9/26/2007

**WARRANTY DEED** 

Date Recorded: 5/10/2006 2006R-506635 944-19

CONVERSION

Date Recorded: 458185 782-306 Ownership

Updated: 1/28/2021

**RICHARD J & AMY L COCHRANE** 

WOODBURY MN

**Billing Address: RICHARD J & AMY L** COCHRANE

7116 COACHWOOD RD WOODBURY MN 55125 **Mailing Address: RICHARD J & AMY L** COCHRANE

7116 COACHWOOD RD WOODBURY MN 55125

Site Address

\* indicates Private Road

N/A

Property Assessment	Updated: 6/17/2020				
2021 Assessment Detail	HALLE AND		re-alliante Sarandin de Caralle de Caralle du Caralle de Caralle de Caralle de Caralle de Caralle de Caralle d		
Code	Acres	Land	Imp.		
G1-RESIDENTIAL	0.960	2,900	0		
2-Year Comparison	2020	2021	Change		
Land:	2,900	2,900	0.0%		
Improved:	0	0	0.0%		
Total:	2.900	2.900	0.0%		



N/A

### Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X (Shoreland)
SANITARY - 21-156S
SIGN SPECIAL CONDITIONAL BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	21-0318		Issued	Issued To: Richard & Amy Cochrane										
Location:	1/4	of	1/4	Section	22	Township	43	N.	Range	7	W.	Town of	Cable	
Gov't Lot		Lot	39	Block		Subdivis	sion S	outh	ridge A	ddit	ion to	Wilde Ri	ver CSM#	

For: Residential: [ 1.5 - Story; Residence (30' x 22'); Loft (14'x10'); Mudroom (4'x7') = 828 sq. ft. ] at a Height of 14' (Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Build as Proposed. Keep all attributes on same parcel or get a CSM to merge other lot. Get required UDC Inspections.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

**Tracy Pooler** 

Authorized Issuing Official

September 26, 2021

Date

or if any prohibitory conditions are violated.

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

#### **APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Received)

SEP 222021

Permit #: Date: Amount Paid: Other: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Bayfield Co

Checks are made p				Department.  HAVE BEEN ISSUED TO	Planning and Zonin	g Agency nal Application N	ALIST be sub	mitted	FILL OUT II	NI INIIZ (NI	O DENCH \	
			,						FILL OUT II	N IINK (IN	O PENCIL)	
Owner's Name:	REQUESTE		LANL	USE SANITAR	Address:	CONDITIONAL US		AL USE	☐ B.O.A.	□ OTHER		
James	700	inne	Arno			LRA 7	ity/State/Zip:	.) T	54821	Telep	hone:	
Address of Propert	y in	11 /	1/		/State/Zip:	14/101	ableja		20001	_	15.2	
15235 M		ly K	d		alle, WI	- 54821				Cell P	hone:(715)	
Email: (print clear	imie	arn	old 6	1646 am	ail.com					69	9-9222	
Contractor:		+		Contrac	tor Phone:	Plumber:					per Phone:	
Authorized Agent:	Jun	100		(715) 671-	3102				01			
Owner(s)) Mik	(Person Sign	ing Applic			-2034	Agent Mailing Ad	1 1 1	N . J O A		Writt	en Authorization	
PROJECT				Tax		6173 FB	n Lakek	-	15484	-	ired (for Agent)	
LOCATION	Legal Description: (Use Tay Statement)											
Gov't Lot Lot(s) CSM Vol & Page CSM Doc# Lot(s)# Block # Subdivision:												
<u>~ 4.3/1.1/</u> 1./4,	1/4											
Section 4	, Townsh	in 42	N, Rang	ge 7 w	Town of:	11		Lot S	Size	Acı	eage	
	_ , 10111131		IV, IVAII	Pe	<u>Cq</u>	ble					5.33	
				00 feet of River, Stre		Distance Struc	cture is from S	horeline		Property	Are Wetlands	
☐ Shoreland _	-	L 11 - 100 - 11 - 111 / 4-	ard side of F		escontinue —				Z	oodplain one?	Present?	
	☐ Is Pro	perty/La	and within 1	000 feet of Lake, Por	nd or Flowage escontinue	Distance Struc	cture is from S		:	Yes	□ Yes	
Non-				,	cs continue			TE	eet	No	XNo	
Shoreland												
Value at Time	Estinaria success					Walter Commencer	Who says is					
of Completion				2		Total # of			at Type of		Type of	
* include		Projec	t	Project # of Stories	Project Foundation	Project bedrooms			nitary Syster		Water	
donated time & material				# of Stories	on property			e property <u>o</u> n the proper	on			
Cinaterial	New	Constr	uction	<b>≯</b> 1-Story	☐ Basement		☐ Municip		i tile proper	property		
				☐ 1-Story +				Specify Type	☐ City			
5/000	□ Addi	tion/Al	teration	Loft   Foundation		X 2			эрсску турс		X Well	
350,000	☐ Conv	ersion		2-Story	X Slab	□ 3	Sanitary	(Exists)	Specify Type			
	□ Relo	rato / ovi	sting bldg)									
	☐ Run a				Use	□ None			☐ Vaulted (n	nin 200 gal	lon)	
•	Prope			Year Round		None	☐ Compos					
							□ None					
Evisting Structu	iro: (if add	ition alt	aration or hu	siness is being applied	( ) Longth		tan tet					
Proposed Cons	truction:	(overa	Il dimension	ns)		40	Width:	9		eight: eight:	2/	
					acrigan.	TU	width.	0		eignt:	$\alpha \omega$	
Proposed I	Jse	1			Proposed Struct	ture			Dimensio	ons	Square	
			Principal	Structure (first str	ucture on property					, ,	Footage	
				e (i.e. cabin, huntir		/)			( X	)		
M paristantia			Hediaciie	with Loft	ig strack, etc.,				( x ( x	- )		
X Residentia	II Use			with a Porch					( x			
*	,			with (2 <sup>nd</sup> ) Porch	l				( X	)		
e.				with a Deck					( x	)	1	
Commerci	al Use			with (2 <sup>nd</sup> ) Deck					( X	)		
	ui OSC			with Attached (	Garage				( X	)		
			Bunkhou	se w/ (☐ sanitary, o	$\underline{r} \; \square$ sleeping quarter	rs, or cooking &	food prep facil	ities)	( X	)	[ [8]	
☐ Mobile Home (manufactured date)									( х	)		
☐ Municipal	al Use Addition/Alteration (explain)								( X	)		
	Accessory Building (explain) 99799								140 x 2	281	6120	
			Accessor	y Building Addition	/Alteration (explai	in)			( X	)	7100	
			Special U	se: (explain)					( x	)		
									( X	)		
				kplain)					( x	)		
					ARTING CONSTRUCTION	I WITHOUT A DEDAME	WILL DECLUTIVE	DENIALTIC	•			
I (we) declare that this	application (i	including a	ny accompanyin	g information) has been eva	mined by me (us) and to the	has af and family	WILL NESOLI IN	LIMALITES	4)			

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described

property at any reasonable time for the purpose of inspection.	or an analysis to have decess to the above described
Owner(s):	Date
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	011 3 21
Authorized Agent: (See Note below)	Date 9-15-2021
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	
Address to send permit 15235 Ma Aully Rd. Cable, WI 54821	Attach
	Copy of Tax Statement V  Chased the property send your Recorded Deed
if you receitely parce	mased the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

Show Location of:

**Proposed Construction** 

(2) Show / Indicate: (3)Show Location of (\*): North (N) on Plot Plan

Fill Out in Ink - NO PENCIL

(4)

Show:

(5) Show: Show any (\*): (6)

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

Show any (\*): (\*) Wetlands; or (\*) Slopes over 20% (7)

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measuremen	nts		Description	Setback Measuremer	nts
					111	
Setback from the Centerline of Platted Road	250+	Feet	115	Setback from the Lake (ordinary high-water mark)	NE	Feet
Setback from the Established Right-of-Way	225	Feet		Setback from the River, Stream, Creek	NA	Feet
1	1			Setback from the Bank or Bluff	NH	Feet
Setback from the <b>North</b> Lot Line <b>KD</b> (L)	NA	Feet			. 1	
Setback from the <b>South</b> Lot Line	385+	Feet		Setback from Wetland	NA	Feet
Setback from the West Lot Line	140+	Feet	145	20% Slope Area on the property	▼Yes □	No
Setback from the <b>East</b> Lot Line	165t	Feet		Elevation of <b>Floodplain</b>	NA	Feet
Setback to Septic Tank or Holding Tank	40.	Feet		Setback to Well	60	Feet
Setback to <b>Drain Field</b>	400	Feet				
Setback to Privy (Portable, Composting)	MA	Feet				
Prior to the placement or construction of a structure within ten (10) fee	et of the minimum required	setback, th	he bo	oundary line from which the setback must be measured must be visible from on	e previously surveyed cor	ner to the

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible for previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be narked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

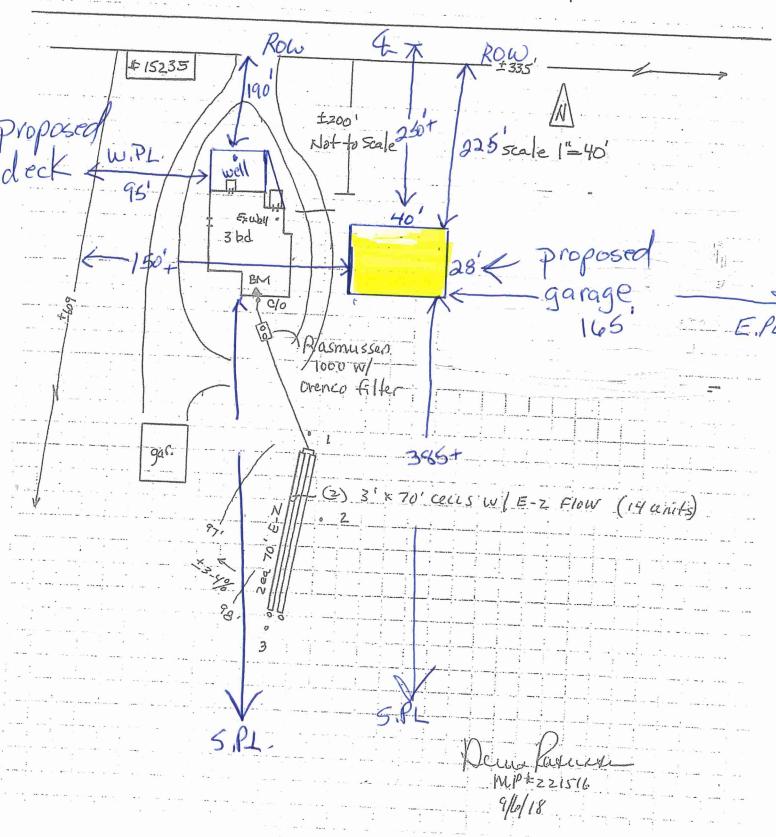
Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:					
Permit Denied (Date):	Reason for Denial:								
Permit #: 21-0338	Permit Date: 10-10	-21							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  Yes (Deed of Reco  Yes (Fused/Contig	uous Lot(s)) 💆 No	Mitigation Required Mitigation Attached	☐ Yes   No ☐ Yes   No	Affidavit Required Affidavit Attached					
Granted by Variance (B.O.A.)  ☐ Yes ☐ No Case #:		Previously Granted by  Ves No	y Variance (B.O.A.) Cas	e #:					
		Were Property Lines Represented by Owner Was Property Surveyed  Yes  U Yes							
Inspection Record:  Owner on 5, 4e 45?  Date of Inspection:	Zoning District (F-/) Lakes Classification (NA) Date of Re-Inspection:								
Date of Inspection:    Obj   Obj   Inspected by:   Obj   Obj									
Hold For Sanitary:  Hold For TBA:  L	Hold For Affi	davit: 🗌							

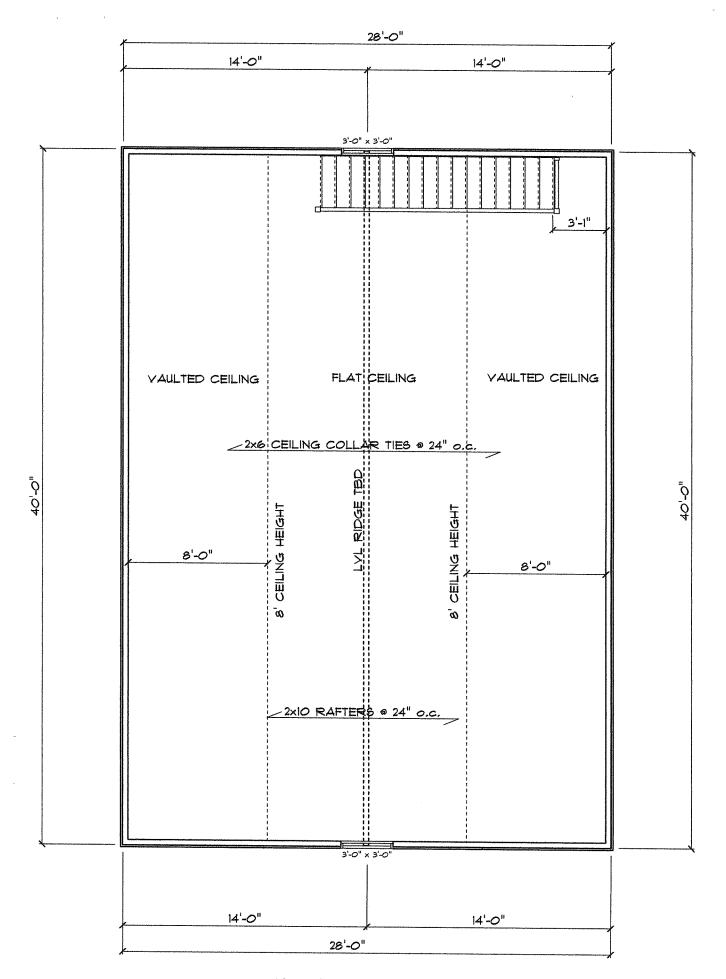
owner: David Wayne Trombridge 14695 N. Riverside Rd. Cable, Wl. 54821 715-413-0045

Legal: BayfieldCo. Cable Twy. PIN: 04-012-2-43-07-04-3 02-000-20000

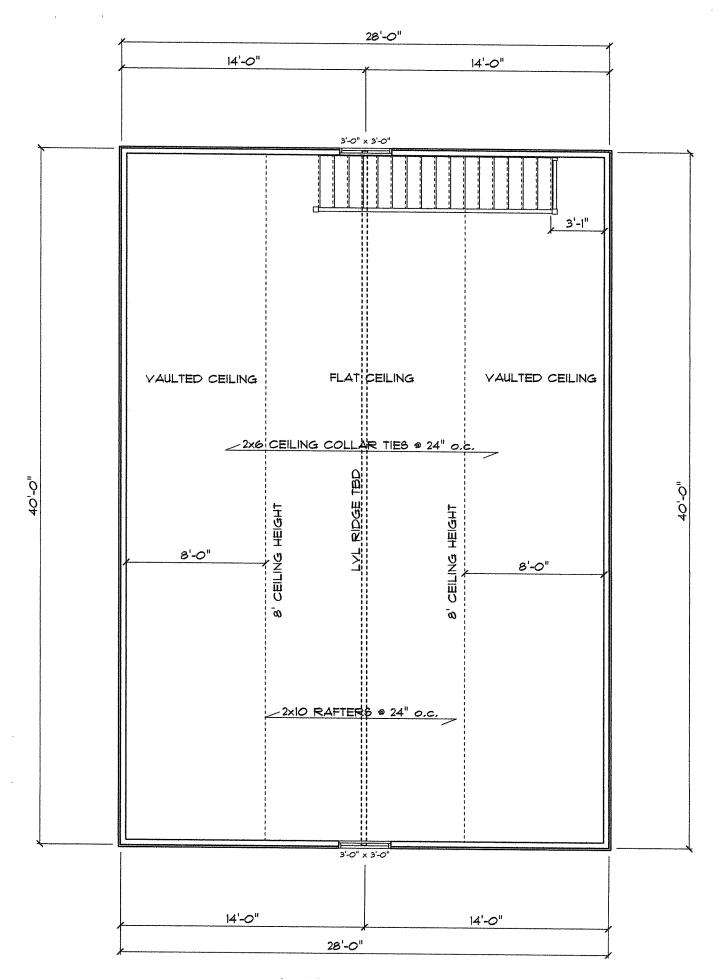
E/2 NW/SW 5 04 T 43N ROTW

site: 15235 McAully Rd.

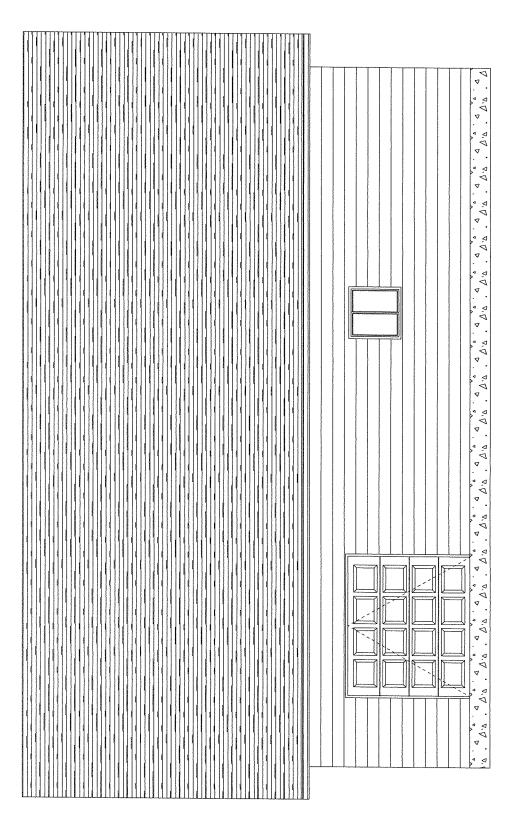




UPPER FLOOR PLAN

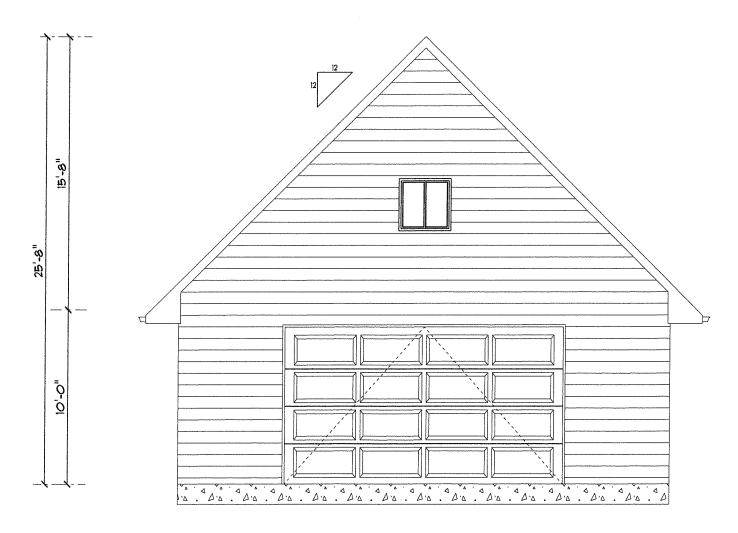


UPPER FLOOR PLAN

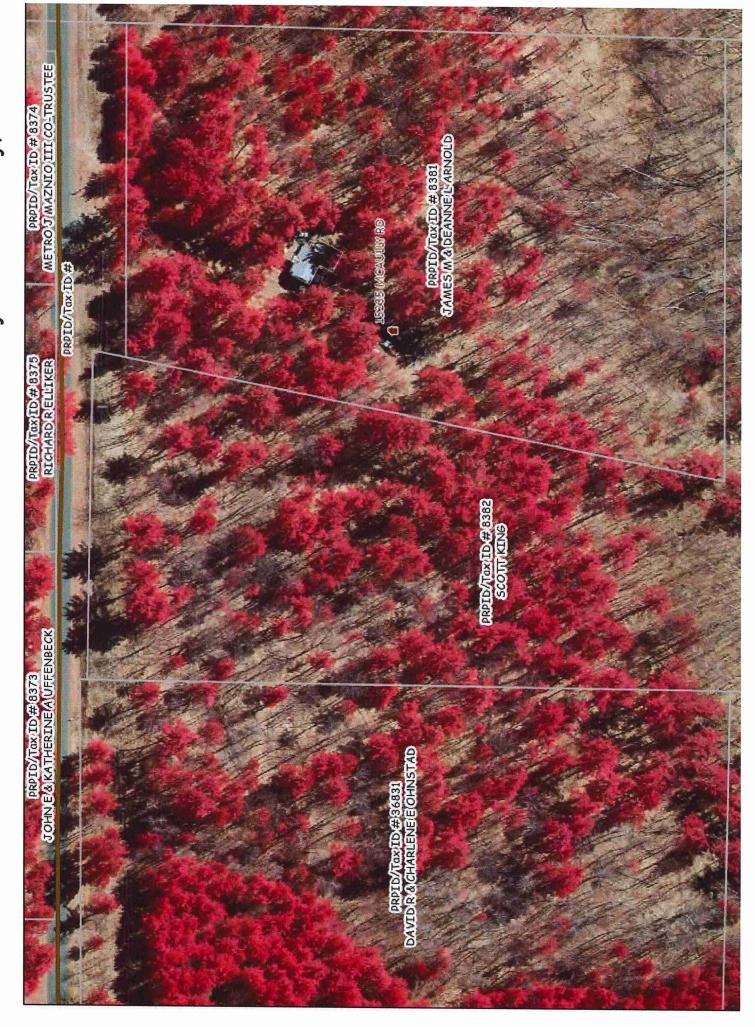


# LEFT ELEVATION

MAIN FLOOR PLAN



FRONT ELEVATION



#### Real Estate Bayfield County Property Listing

Today's Date: 9/15/2021

Description Updated: 3/11/2021

Tax ID:

8381

PIN:

04-012-2-43-07-04-3 02-000-20000 012100901000

Legacy PIN: Map ID:

Municipality:

(012) TOWN OF CABLE

STR:

S04 T43N R07W

Description: PAR IN E 1/2 NW SW IN DOC 2021R-

586897 80B

Recorded Acres:

5.330 Calculated Acres: 5.342 Lottery Claims: 1 First Dollar:

Yes

Zoning:

(F-1) Forestry-1

ESN:

108

Tax	Districts
-----	-----------

Updated: 3/15/2006 1 STATE 04 COUNTY 012 TOWN OF CABLE 041491 SCHL-DRUMMOND 001700 **TECHNICAL COLLEGE** 

#### Recorded Documents

Updated: 3/15/2006

#### WARRANTY DEED

Date Recorded: 2/3/2021 2021R-586897

#### LAND CONTRACT

Date Recorded: 4/26/2019 2019R-577212

#### **WARRANTY DEED**

Date Recorded: 1/15/2018 2018R-571562

#### TERMINATION OF DECEDENT'S INTEREST

Date Recorded: 1/15/2018 2018R-571561

**CONVERSION** 

Date Recorded:

319-502;362-151;536-254

WARRANTY DEED

Date Recorded: 8/8/1991

393652 526-254

Ownership

Updated: 7/1/2020

**Property Status: Current** 

Created On: 3/15/2006 1:15:04 PM

JAMES M & DEANNE L ARNOLD

CABLE WI

**Billing Address:** 

JAMES M & DEANNE L

ARNOLD

15235 MCAULLY RD **CABLE WI 54821** 

**Mailing Address: JAMES M & DEANNE L** 

ARNOLD

15235 MCAULLY RD **CABLE WI 54821** 

Site Address \* indicates Private Road

15235 MCAULLY RD

**CABLE 54821** 

Property Assessment

Updated: 6/17/2020

2021 Assessment Detail Code Acres Land Imp. G1-RESIDENTIAL 2.000 15,000 86,400 **G6-PRODUCTIVE FOREST** 3.330 7,000 0 2-Year Comparison 2020 2021 Change Land: 22,000 22,000 0.0% Improved: 86,400 86,400 0.0% Total: 108,400 108,400 0.0%



#### Property History

N/A

#### Zoning Consulting/Real Estate Services LLC Disclosure

- 1. I (we) acknowledge that North Star Realtors and John Podlesny, (John Podlesny owner of North Star Realtors), have no interest in Zoning Consulting/Real Estate Services LLC as Zoning Consulting/Real Estate Services LLC and Mike Furtak, owner of Zoning Consulting/Real Estate Services LLC are completely independent of North Star Realtors for this zoning application transaction.
- 2. Mike Furtak is a licensed Realtor in Wisconsin working as a sales associate for North Star Realtors.
- 3. I (we) grant permission to Mike Furtak and all vendors whose services are required to obtain the desired zoning permits access to the subject property/properties.
- 4. I (we) authorize Mike Furtak of Zoning Consulting/Real Estate Services LLC to act as our agent to represent our interests during the application process to obtain the required zoning permit(s).
- 5. I (we) acknowledge that we are responsible for all costs of services provided by vendors and/or other entities to obtain the required permit(s).
- 6. I(we) hereby understand that by contracting Mike Furtak and Zoning Consulting/Real Estate Services LLC there is **NO GUARANTEE** the desired permit(s) will be approved by the issuing authorities. Additionally there is no guarantee to the timeframe for the issuance of permits.
- 7. It is the responsibility of the property owner/contractor/plumber to obtain a Uniform Dwelling Code (UDC) or sanitary permit if required.
- 8. Mike Furtak and Zoning Consulting /Real Estate Services LLC are only responsible to attempt to gain issuance of the necessary Land Use permit as agreed to. Mike Furtak and Zoning Consulting/Real Estate Services LLC will not act as a general contractor or project manager.

The undersigned parties have read and understand the above terms of this disclosure and agree to abide by all terms.

Signature Juma Lorald  Print Name: James Arnold	Date <u>8-/5-2/</u>
Print Name: James Arnold	,
Signature for brown	Date9
Print Name: Dee Arnold.	

## Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	21-0332		Issued To:	James 8	& Deanne A	rnold							
Par in E 1/ Location:	√₂ of the NW ¼	SW 1/4	Section	4	Township	43	N.	Range	7	W.	Town of	Cable	
Gov't Lot		Lot		Block	Sul	odivisio	n				CSM#		

For: Residential: [1-Story]; Accessory Structure (Garage) (40' x 28') = 1,120 sq. ft. Height of 26'

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Build as Proposed. Not for Human Habitation or Sleeping Purposes. If pressurized water enters structure sanitary permit is required.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler, AZA** 

Authorized Issuing Official

October 10, 2021

Date